

LICENSED SERVICES AND UTILIZATION PROFILES



INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES/HOSPICES

REPORT PERIOD:
JANUARY 1, 2001 THROUGH DECEMBER 31, 2001

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
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INSTRUCTIONS

ANNUAL REPORT OF HOME HEALTH AGENCIES/HOSPICES - 2001

These are instructions for completing the 2001 Home Health Agency and Hospice Annual Report. The 2001 report is divided into two parts: Part A is to be completed by Home Health Agencies; Part B is to be completed by Hospices. If the facility provides Home Health and Hospice Services, both parts A and B **must** be completed. Hospice Patients are defined in the attached Glossary. Both agencies (Home Health and Hospice) must complete Page 1 of the form. A glossary of terms used within the industry is included.

If any part of the instructions is unclear, contact the Office of Statewide Health Planning and Development (OSHDP), Accounting and Reporting Systems Section (ARSS), Licensed Services Data and Compliance Unit, at (916) 323-7685 and ask for the Edits Analyst.

Do not combine data from other separately licensed offices or agencies. Report data from other offices or agencies separately.

INSTRUCTIONS - PAGE 1

Line 1: Enter the number that describes the ownership or control interest of the agency.

Line 2: Enter the number that describes the agency type. (Refer to the definition in the glossary if you are unclear).

Line 5: **COMPLETE THIS LINE ONLY IF THE AGENCY WAS NEWLY LICENSED, CLOSED, OR WENT INTO SUSPENSE DURING THE REPORTING YEAR.**

Column 1: If the agency was licensed on or after January 1 of the reporting year, enter the date the agency was first licensed. *(See license for date first licensed).*

Column 2: If the agency was de-licensed (closed) or in suspense prior to December 31 of the reporting year, enter the date of the de-licensure or suspense.

Line 6:

Column 1: Enter the number one (1) if the HHA was certified to participate in the Medicare Program during the reporting year.

Column 2: Enter the number one (1) if the HHA was certified to participate in the Medi-Cal Program during the reporting year.

Line 7: Enter the number one (1) in column 1 if the HHA had a Hospice Program during the reporting year. (If yes, complete Parts A & B of this report).

Line 8:

Column 1: Enter the number one (1) if the Home Health Agency's Hospice Program was certified for participation in the Medicare Program during the reporting year.

Column 2: Enter the number one (1) if the Home Health Agency's Hospice Program was certified for participation in the Medi-Cal Program during the reporting year.

Line 9:

Column 1: Enter the number one (1) if the organization is a freestanding hospice.

Line 10:

Column 1: Enter the number one (1) if the freestanding hospice was certified to participate in the Medicare Program during the reporting year.

Column 2: Enter the number one (1) if the freestanding hospice was certified to participate in the Medi-Cal Program during the reporting year.

Line 11:

Column 1: Enter the number one (1) if the Home Health Agency/Hospice has a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation.

Column 2: Enter the number one (1) if the Home Health Agency/Hospice has a Community Health Accreditation Program (CHAP) accreditation.

SIGNATURE

BE SURE THE REPORT CONTAINS THE ADMINISTRATOR'S SIGNATURE BEFORE RETURNING IT TO THE OFFICE.

Please enter the name and title of the person responsible for completing this report. Also enter the telephone number of the person to be contacted regarding data submitted in this report and your office fax machine number where indicated.

INSTRUCTIONS - PAGE 2

PART - A (Home Health Agencies)

A. HOME INFUSION THERAPY/PHARMACY ONLY

Line 1: Enter the number 1 (yes) if the “agency” is a licensed pharmacy providing *home infusion therapy* (in addition to the equipment) using a registered nurse (either on staff or on contract) who makes home visits. If yes, then the remainder of report applies and should be completed (where appropriate).

Line 2: Enter the number 1 (yes) if the “agency” is a licensed pharmacy that provides **only** home infusion therapy equipment (but does not supply the staff that perform infusion services). If yes, then there is no need to complete any other section of the report.

B. SPECIAL SERVICES

Lines 12 through 16, Columns 1 and 2: Mark the boxes that show the *special services* performed by the agency.

Note: Do not include basic services, i.e. OT, PT, MSN.

C. PATIENT INFORMATION

Line 17: Enter the **unduplicated** number of patients seen by your home health agency during the reporting year. The term **unduplicated** means that each patient is counted only once in the reporting year. Include patients who were admitted in a previous reporting period who received visits from your agency during this reporting period (rollovers).

D. HOME HEALTH CARE

Lines 18: **PRE-ADMISSION SCREENING / EVALUATIONS.** These are visits in which potential patients are evaluated to determine whether the agency will be able to enroll the patient. Enter the number of visits, these visits are not listed as part of Table 1, page 3.

Lines 19: **OUTPATIENT VISITS.** These are visits in which agency staff deliver services to patients staying outside their “normal” place of residence. Enter the number of visits, these visits are not listed as part of Table 1, page 3.

Lines 20: **OTHER.** Enter the number of visits.

Line 21: Enter the sum of Lines 18 through 20.

E. OTHER HOME CARE SERVICES

NOTE: Do not complete lines 22-29 if these services were provided by an organization other than your licensed agency.

*These are services that are not traditional home health services. They may include Continuous Care Services, Private Duty or Shift Duty Nursing, or Homemaker Services in a patient's home and the agency is reimbursed on a **SHIFT, DAY, OR HOURLY BASIS**.*

Line 22: Enter the number (1) if the agency provided Other Home Care Services during the reporting year. ***These services include assistance with personal care, maintenance of a safe and healthy environment, and services to enable the individual to carry out the treatment plan.***

Line 23: Enter the total number of hours for Other Home Care Services provided during the reporting year.

Line 25 through 29: Mark the appropriate services or staff used by the agency to perform the Other Home Care Services.

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TABLE 1: HHA PATIENTS AND VISITS BY AGE

Lines 2 through 11, Columns 1 and 2: Enter in Column 1, the number of unduplicated patients related to each age grouping. Enter in Column 2, the number of *visits* by age grouping.

NOTE: Include in column 1 rollovers from the previous year who received services during this reporting period.

Line 1, Columns 1 and 2: Enter into Column 1, the sum of lines 2 through 11 (include carryovers from previous years). This number should be the same number of patients as reported on page 2, line 17, which is an unduplicated count of individuals seen by the facility during the year. Enter into Column 2, the number of Visits from Page 2, Line 21.

TABLE 2: PATIENT DISCHARGES

The term DISCHARGE means the termination of services by the client or agency.

Lines 22 through 36, Column 1: Enter the number of patients discharged by the reasons listed. If Line 36, Column 1, (OTHER) is greater than 10% of Line 21, Column 1, please specify.

Line 21, Column 1: Enter the sum of Lines 22 through 36.

TABLE 3: PRIMARY REIMBURSEMENT SOURCE BY HHA VISITS

Line 39, Column 1: Enter the number of visits from Table 1, Line 1, Column 2.

Lines 40 through 47, Column 1: Enter the number of visits for each reimbursement source listed on the table. If a patient's services were paid for by more than one payer, list the reimbursement

source that paid the largest portion. These visits must sum up to the visits reported on Line 39, Column 1 of this table. If Line 47, (OTHER) is greater than 10% of Line 39, please specify.

TABLE 4: NUMBER OF VISITS BY TYPE OF STAFF

Line 51, Column 1: Enter the number of Visits from Table 1, Line 1, Column 2.

Line 52 through 63, Column 1: Enter the number of visits by type of staff listed in the table. These visits must sum up to the visits reported on Line 51, Column 1, of this table. If Line 63, Column 1, (OTHER) is greater than 20% of Line 51, Column 1, please specify.

TABLE 5: ADMISSIONS BY SOURCE OF REFERRAL

Line 72 through 84, Column 1: Enter the number of **new** patients admitted during the reporting year by referral source listed. **Do not include patients rolled-over from the previous year's roster.** If Line 84, Column 1, (OTHER) is greater than 20% of Line 71, Column 1, please specify.

Line 71, Column 1: Enter the sum of Lines 72 through 84.

NOTE: Count each patient only once unless that patient was discharged (services terminated) and the agency renewed services with that person under a new agreement or contract.

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TABLE 6: PATIENTS AND VISITS BY PRINCIPLE DIAGNOSIS

Lines 2 through 35:

Column 1: Enter the number of patients for each principal diagnosis. **Count each patient only once for each principal diagnosis. Patients are to be counted more than once if they are discharged and readmitted with a different primary diagnosis during the reporting period. The sum of these patients must equal to the number reported on Line 1, Column 1 of this table.**

Column 2: Enter the number of visits for each principal diagnosis. **The sum of these visits must equal to the number reported on Line 1, Column 2 of this table.**

Line 1, Column 1 and 2: Enter into Column 1, the sum of the number of patients from Lines 2 through 35. **The number of patients must NOT be less than the number of patients on Page 3, Line 1, Column 1.** Enter into Column 2, the sum of the visits from lines 2 through 35. This total must match the number of visits shown on Page 3, Line 1, Column 2.

Line 36:

- Column 1:** Of the total number of Home Health Patients served during the reporting year, enter the number of patients who had a primary or secondary diagnosis of HIV (AIDS/ARC OR HTLV/III-LAV). The number of patients cannot be less than the number of patients shown on Line 3, Column 1 of this page.
- Column 2:** Enter the number of Home Health Visits to patients who had a primary or a secondary diagnosis of HIV (AIDS/ARC or HTLV/III-LAV). The number of visits cannot be less than the number of patients shown on Line 3, Column 2 of this page.

Line 37:

- Column 1:** Enter the number of Home Health Patients with a primary or secondary diagnosis of Alzheimer's Disease seen by your agency during the reporting year. The number of patients cannot be less than the number of patients on Line 13, Column 1 of this page.
- Column 2:** Enter the number of Home Health Visits to patients who had a primary or secondary diagnosis of Alzheimer's Disease. The number of visits cannot be less than the number of patients on Line 13, Column 2 of this page.

PART - B (Hospice Utilization)

A hospice is a centrally administered program of palliative and supportive services which provides physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. Care is available by a coordinated interdisciplinary team seven days a week, 24 hours a day and extends through the bereavement period.

Complete this part if the agency is a freestanding Hospice or a Home Health Agency providing hospice services.

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FACILITY OWNERSHIP

Line 1. Enter the number one (1) if the Hospice is under common ownership or control with inpatient facility/ies.

Line 2. If the Hospice is under common ownership or control with inpatient facility/ies, enter the number of inpatient facility/ies.

Line 3.

Column 1: Enter the number (1) if the related inpatient facility/ies is/are licensed as a hospital.

Column 2: Enter the number of hospice beds in the hospital/s.

Line 4.

Column 1: Enter the number (1) if the related inpatient facility/ies is/are licensed as a SNF.

Column 2: Enter the number of hospice beds in the SNF/s.

Line 5.

Column 1: Enter the number (1) if the related inpatient facility/ies is/are licensed as a Congregate Living Health Facility (CLHF).

Column 2: Enter the number of hospice beds in the CLHF/s.

Line 6.

Column 1: Enter the number (1) if the related inpatient facility/ies is/are licensed as a Residential Care Facility for the Elderly (RCFE).

Column 2: Enter the number of hospice beds.

SERVICES

TABLE 13: Hospice Services

- Lines 7 through 29, Column 1:** Check all of the hospice services that are directly provided by your hospice.
- Lines 7 through 29, Column 2:** Check all of the hospice services that were contracted for by your hospice.

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TABLE 14: Type of Bereavement Services Provided

- Lines 1 through 7, Column 1:** Check all of the services that are directly provided by your hospice.
- Lines 1 through 7, Column 2:** Check all of the services that were contracted for by your hospice.
- Line 8, Column 1:** Check if Specialized Bereavement Services were directly provided and specify type of Specialized Bereavement Groups.
- Line 8, Column 2:** Check if Specialized Bereavement Services were contracted and specify type of Specialized Bereavement Groups.
- Line 9, Column 1:** Check if Social Activities were directly provided and specify type of Social Activities.
- Line 9, Column 2:** Check if Social Activities were contracted and specify type of Social Activities.

TABLE 15: Volunteer Hours by Type of Service

- Lines 15 through 19:** Enter the number of hours provided by volunteers for each Type of Service listed.
- Line 20:** Enter the number of hours the volunteers provided for services not listed and specify type of service.
- Line 21 Column 1:** Enter the sum of Lines 15 through 20.

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PATIENT INFORMATION

TABLE 16: UNDUPLICATED PATIENTS by GENDER and AGE

| | |
|--------------------------------------|--|
| Lines 1 through 10, Column 1: | Enter the number of unduplicated male patients by age group. |
| Lines 1 through 10, Column 2: | Enter the number of unduplicated female patients by age group. |
| Lines 1 through 10, Column 3: | Enter the number of other/unknown patients by age group. (If greater than 3% of total, must be explained.) |
| Lines 1 through 10, Column 4: | Enter the sum of Columns 1 through 3. |
| Line 11, Columns 1 through 4: | Enter the sum of Lines 1 through 10. |

TABLE 17: UNDUPLICATED PATIENTS by RACE

| | |
|---------------------------------------|---|
| Lines 20 through 25, Column 1: | Enter the number of unduplicated male patients by race. |
| Lines 20 through 25, Column 2: | Enter the number of unduplicated female patients by race. |
| Lines 20 through 25, Column 3: | Enter the number of other/unknown patients by race. (If greater than 3% of total, must be explained.) |
| Lines 20 through 25, Column 4: | Enter the sum of Columns 1 through 3. |
| Line 26 Columns 1 through 4: | Enter the sum of Lines 20 through 25. |

TABLE 18: ETHNICITY

| | |
|---------------------------|---|
| Line 30, Column 1: | Enter the number of unduplicated patients who were of Hispanic ethnicity. |
| Line 30, Column 2: | Enter the number of unduplicated patients who were non-Hispanic. |

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PATIENT ADMISSIONS BY SOURCE AND DISCHARGES BY REASON

TABLE 19: ADMISSIONS BY SOURCE OF REFERRAL

| | |
|--------------------------------------|---|
| Lines 1 through 12, Column 1: | Enter the number of patients admitted during the reporting year by each referral source listed. Do not include patients rolled-over from the previous year's roster. If Line 12, (OTHER) is greater than 20% of Line 12, please specify. |
| Line 13 Column 1: | Enter the sum of Lines 1 through 12. |

NOTE: Count each patient only once unless that patient was discharged (services terminated) and the agency renewed services with that person under a new agreement or contract.

TABLE 20: Patient Discharges by Reason

Lines 20 through 26, Column 1: Enter the number of patients discharged next to the reason for discharge.

Line 27 Column 1: Enter the sum of Lines 20 through 26. If Line 26, (OTHER) is greater than 10% of Line 27, Column 1, please specify.

TABLE 21: NUMBER OF DISCHARGED PATIENTS BY LENGTH OF STAY

Line 35: Enter the number of discharged patients with a length of stay from 1 to 30 days.

Line 36: Enter the number of discharged patients with a length of stay from 31 to 60 days.

Line 37: Enter the number of discharged patients with a length of stay from 61 to 90 days.

Line 38: Enter the number of discharged patients with a length of stay from 91 to 120 days.

Line 39: Enter the number of discharged patients with a length of stay from 121 to 150 days.

Line 40: Enter the number of discharged patients with a length of stay from 151 to 180 days.

Line 41: Enter the number of discharged patients with a length of stay from 181 to 210 days.

Line 42: Enter the number of discharged patients with a length of stay from 211 to 240 days.

Line 43: Enter the number of discharged patients with a length of stay of 240+ Days.

Line 44: Enter the sum of Lines 35 through 43.

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TABLE 22: VISITS BY TYPE OF STAFF DURING REPORTING YEAR

Lines 1 through 11: Enter the number of visits by the type of staff listed.

Line 12: Enter the sum of Lines 1 through 11. If Line 11 (OTHER) is greater than 20% of Line 10, please specify.

PATIENT DAYS BY LEVEL OF CARE DURING REPORTING YEAR

TABLE 23: LEVEL OF CARE DAYS

- Line 16:** Enter the number of Patient Days for *Routine Home Care Days*.
- Line 17:** Enter the number of Patient Days for *Continuous Care Days*.
- Line 18:** Enter the number of Patient Days for *Acute Inpatient Days*.
- Line 19:** Enter the number of Patient Days for *Respite Inpatient Days*.
- Line 20:** Enter the sum of lines 16 through 19.
- Line 21:** Enter the total number of Continuous *Care Hours*.

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TABLE 24: PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE

Column 1: Number of Patients

Lines 1 through 7: Enter the number of patients for each reimbursement source. Count each patient only once for each payer. If a patient has more than one reimbursement source use the payer that paid the largest portion.

Column 2: Number of Patient Days

Lines 1 through 7: Enter the number of patient days by reimbursement source. Count the day of admission but not the day of discharge. Count as one day for each patient formally admitted and discharged on the same day.

Column 3: Percentage of Gross Revenue

Lines 1 through 7: Enter the percentage of Gross Revenue for each reimbursement source.

Line 8, Columns 1 through 3: Enter the sum of lines 1 through 7.

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TABLE 25: DISCHARGED PATIENTS AND VISITS BY PRINCIPLE DIAGNOSIS FOR WHICH CARE WAS GIVEN

Lines 1 through 29:

Column 1: Enter the number of Discharged Patients for each principal diagnosis. **Count each patient only once for each principal diagnosis.**

Column 2: Enter the number of Visits for each principal diagnosis. **Count each patient only once for each principal diagnosis.**

Column 3: Enter the total number of days of care provided for all Discharged Patients for each principal diagnosis

Line 30:

Column 1: Enter the sum of Lines 1 through 29, Column 1.

Column 2: Enter the sum of Lines 1 through 29, Column 2.

Column 3: Enter the sum of Lines 1 through 29, Column 3.

GLOSSARY

ACUTE INPATIENT DAYS:

A day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management that cannot be managed in other settings.

ADMINISTRATOR:

"Administrator" is a person who is appointed in writing by the governing body of the home health agency to organize and direct the services and functions of the home health agency.

AUDIOLOGIST:

"Audiologist" is a person licensed as such by the California Board of Medical Quality Assurance.

BEREAVEMENT ASSESSMENTS:

An evaluation of the bereavement needs for the family following the death of the patient. The assessment includes the development of a plan of care for a one-year period.

BEREAVEMENT SERVICES:

Services available to the surviving family members for a period of at least one-year after the death of the patient. These services include an assessment of the needs of the bereaved family, and the development of a care plan that meets these needs, both prior to, and following the death of the patient.

BRANCH OFFICE:

"Branch Office" means a home health agency established and administered by a parent home health agency.

CERTIFICATION:

Certified to participate in the Medicare and/or Medicaid program.

CONTINUOUS CARE DAY:

A day on which an individual who has elected to receive hospice care is not in an inpatient facility and receives hospice care consisting predominantly of nursing care on a continuous basis at home. Continuous care is only furnished during brief periods of crisis.

DENTIST:

"Dentist" is a person licensed as such by the California Board of Dental Examiners.

DIETICIAN:

"Dietician" is a person registered or eligible for registration as such by the American Dietician Association.

DISCHARGE:

Services terminated either by the client or agency.

GENERAL BEREAVEMENT GROUPS:

A "group setting" in which survivors can address their issues of loss and grief. Bereavement Groups are not necessarily restricted to hospice survivors.

GENERAL INPATIENT CARE DAY:

See Acute Inpatient Days.

HOME HEALTH AGENCY:

"Home Health Agency" means a public agency or private organization including but not limited to, any partnership, corporation, or political subdivision of the State or other governmental agency within the state which provides skilled nursing services to persons in their temporary or permanent place of residence.

HOME HEALTH AIDE:

"Home Health Aide" is a person who is certified as such by the Department of Health Services, and is employed by a Home Health Agency or Hospice to provide personal care services in the patient's home.

HOME HEALTH SERVICES:

"Home Health Services" means health services provided to a patient in a place of residence used as the patient's home.

HOME INFUSION PHARMACY:

The law was written to cover those pharmacies that provide home health services and the infusion material needed by the patient. The reality is that few, if any, pharmacies operate as a home health agency. Instead, they work with a traditional home health agency that provides the licensed staff.

HOMEMAKER/HOMEMAKER SERVICES:

A person who provides services related to the maintenance of a safe and healthy environment and other services that enable the individual to carry out the treatment plan.

HOSPICE:

An organized program that consists of services provided and coordinated by an interdisciplinary team at a frequency appropriate to meet the needs of patients who are diagnosed with terminal illnesses and have limited life spans. The hospice specializes in palliative management of pain and other physical symptoms, meeting the psychosocial and spiritual needs of the patient and the patient's family or other primary care person(s). The program also includes a continuum of interdisciplinary team services across all settings where hospice care is provided, the availability of 24-hour access to care, utilization of volunteers, and bereavement care to the survivors, as needed, for an appropriate period of time.

HOSPICE PATIENT:

A hospice patient is a person who is terminally ill with a prognosis of one year or less. This person has chosen to receive palliative hospice care from an organization licensed under the provisions of the California Health & Safety Code, Chapter 8.5, Article 1, commencing with Section 1745, regardless of the patient's reimbursement source.

HOSPICE PHYSICIAN/MEDICAL DIRECTOR:

A licensed physician and surgeon who is charged with the responsibility of acting as a consultant to the Multidisciplinary Team, a consultant to the patient's attending physician and surgeon, as requested, with regard to pain and symptom management and liaison with physicians and surgeons in the community.

HOSPICE PROGRAM:

Services provided to a terminally ill person in the final stages of life. These services consist of ease of suffering for the patient and his/her family. There is no attempt to cure the disease or to prolong life.

IN HOME RESPITE:

A service intended to provide temporary relief to the patient's primary caregiver. In home respite can be provided by a variety of hospice personnel, including volunteers. In home respite care is provided on a short-term basis, and is not reimbursable under the Medicare or Medicaid Hospice Benefits.

LENGTH OF STAY:

The total continuous days of service from admission to discharge, including the day of admission but not the day of discharge.

LICENSE:

"License" means the document issued by the Department of Health Services permitting the operation of a home health agency/hospice. This document constitutes the authority to accept patients and to perform the services included within the scope of these regulations and as specified on the license.

LICENSEE:

"Licensee" means the person or persons or firm or partnership or association or corporation or receiver or political subdivision of the State or other governmental agency to which a license has been issued. This shall include the officers, directors, partners and members thereof and other persons having or exercising responsibility or authority in the operation of the agency.

LICENSED VOCATIONAL NURSE:

"Licensed Vocational Nurse" is a person licensed as such by the California Board of Vocational Nurse and Psychiatric Technician Examiners.

LONG-TERM CARE FACILITY (SN/IC):

A health facility that provides skilled nursing care and supportive care to patients whose primary need is for the availability of skilled nursing care on an extended or recurring basis.

NUMBER OF HOSPICE MEDI-CAL BENEFIT DEATHS/DISCHARGES:

The total number of hospice patients, who had elected the Medi-Cal Hospice Benefit, that died or were discharged.

NUMBER OF HOSPICE MEDICARE BENEFIT DEATHS/DISCHARGES:

The total number of hospice patients, who had elected the Medi-care Hospice Benefit, that died or were discharged.

NUMBER OF HOSPICE NON-BENEFIT DEATHS/DISCHARGES:

The total number of hospice patients, who did not elect either the Medicare or Medi-Cal Hospice Benefit, that died or were discharged.

NURSING/SKILLED NURSING:

Services provided under a plan of care developed by the Multidisciplinary team and the patient's physician and surgeon to a patient and his /her family that pertain to the palliative, supportive services required by patients with a terminal illness. Type of skilled nursing services include, but are not limited to, patient assessment, evaluation and case management of the medical nursing needs of the patients, the performance of prescribed medical treatment for pain and symptom control, the provision of emotional support to both the patient and his or her family, and the instruction of Caregivers in providing personal care to the patient. Skilled nursing services provide for the continuity of services for the patient and his/her family within the home.

NURSING CARE - HOSPICE:

A hospice that provides inpatient care directly must comply with all of the following standards.

Standard twenty-four-hour nursing service

- (1) The facility provides 24-hour nursing services that are sufficient to meet total nursing needs and are in accordance with the patient plan of care. Each patient receives treatments, medications, and diet as prescribed, and is kept comfortable, clean, well groomed, and protected from accident, injury, and infection.
- (2) Each shift must include a registered nurse that provides direct patient care.

OCCUPATIONAL THERAPIST:

"Occupational Therapist" is a person who is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association, and is registered by the American Occupational Therapy Association.

OCCUPATIONAL THERAPIST ASSISTANT:

An Occupational Therapist Assistant" is a person who is certified as such by the American Occupational Therapy Association.

PALLIATIVE CHEMOTHERAPY:

Chemotherapy focused primarily on the reduction or abatement of pain and other disease-related symptoms rather than treatment for the purpose of cure or prolongation of life.

PALLIATIVE RADIATION THERAPY:

Radiation therapy focused primarily on the reduction or abatement of pain and other disease-related symptoms rather than treatment for the purpose of cure or prolongation of life.

PARENT HOME HEALTH AGENCY:

"Parent Home Health Agency" means the primary home health agency that establishes, maintains and assures administrative and supervisory control of branch offices.

PATIENT:

"Patient" is a person who is under observation, treatment or care for illness, disease or injury, or under care during and after pregnancy.

PATIENT DESIRED CURATIVE TREATMENT:

Hospice provides palliative care that is designed to manage the pain and symptoms of the terminal illness rather than curative care. When a patient decides to pursue curative treatment the patient is no longer appropriate for hospice care.

PHYSICAL THERAPIST:

"Physical Therapist" is a person licensed as such by the Physical Therapy Examining Committee of the California Board of Medical Quality Assurance.

PHYSICAL THERAPIST ASSISTANT:

"Physical Therapist Assistant" is a person who is approved as such by the Physical Therapy Examining Committee of the California Board of Medical Quality Assurance.

PHYSICIAN:

- (a) "Physician" is a person licensed as a physician and surgeon by the California Board of Medical Quality Assurance or by the California Board of Osteopathic Examiners.
- (b) "Attending Physician" means the physician responsible for the medical treatment of the patient.

PODIATRIST:

"Podiatrist" is a person licensed as a podiatrist by the California Board of Medical Quality Assurance.

PRIVATE AGENCY:

"Private Agency" means a nonprofit agency or a proprietary agency as defined in sub-sections (a) and (b) below:

- (a) A "nonprofit agency" is a home health agency not operated by a state or local government and is exempt from federal income taxation under 26 USC Section 501 (c) 3.
- (b) A "proprietary agency" is a home health agency not operated by a state or local government and is not exempt from federal income taxation on 26 USC Section 501 (c) 3.

PROGNOSIS EXTENDED:

The estimate of the patient's life expectancy has been increased beyond the scope of hospice care. Hospice patients generally have a life expectancy of one year or less if the disease runs its normal course. Hospice patient's electing the Medicare or Medi-Cal Hospice Benefit must have a life expectancy of six months or less.

PUBLIC AGENCY:

"Public Agency" means a home health agency operated by state or local government.

PUBLIC HEALTH NURSE:

"Public Health Nurse" is a person licensed as a registered nurse who possesses a public health nursing certificate issued by the Department of Health Services.

REGISTERED NURSE:

"Registered Nurse" is a person licensed in the State of California by the Board of Registered Nursing.

RESPITE INPATIENT DAYS:

A period of time which the individual who has elected hospice care receives care in an approved facility on a short-term basis for respite for the caregiver. For Medicare and Medi-Cal, inpatient respite care cannot be provided for more than five consecutive days at a time.

ROUTINE HOME CARE DAY:

A period of time which a hospice patient is receiving hospice care at home and is not receiving continuous care. Payment: Any day, in which the patient is not an inpatient, the hospice is paid the "routine home care" rate.

SKILLED NURSING SERVICES:

"Skilled nursing services" means type of services that may only be provided by a registered nurse or licensed vocational nurse.

SOCIAL WORK COUNSELING:

Counseling and spiritual care services that assist the patient and his/her family to minimize stress and problems arising from social, economic, psychological, or spiritual needs by utilizing appropriate community resources, and maximizing positive aspects and opportunities for growth.

SOCIAL WORKER:

"Social Worker" is a person who has a Master degree of Social Work from a school of social work accredited or approved by the Council for Social Work Education and having one year of social work experience in a health care setting.

SOCIAL WORKER ASSISTANT:

"Social Worker Assistant" is a person with a Baccalaureate degree in the social sciences or related fields.

SPECIALIZED BEREAVEMENT GROUPS:

A "group setting" where survivors with common characteristics can deal with their issues of loss and grief. A pediatric bereavement group is one example of a specialized bereavement group. Specialized bereavement groups are not necessarily restricted to hospice survivors.

SPEECH PATHOLOGIST:

"Speech Pathologist" is a person licensed as such by the California Board of Medical Quality Assurance.

SPIRITUAL SERVICES:

Services that help patients and/or caregivers to integrate the dying experience into their lives; to find meaning and purpose in what remains of life, and to further their appreciation of spiritual values that give support and hope in coping with the changes that are taking place within them.

SUBDIVISION:

"Subdivision" means a component of a health agency such as the home care department of a hospital or the nursing division of a health department that independently meets the licensing requirement for a home health agency by the Department of Health Services.

TERMINALLY ILL:

An individual who has a medical prognosis that his/her life expectancy is one year or less when the illness runs its normal course.

THERAPY SERVICES:

These include physical, occupational, and speech therapy services offered by the agency through a qualified therapist.

VOLUNTEER SERVICES:

Services provided by trained hospice volunteers under the direction of a designated hospice staff member. Hospice volunteers may be used to provide support and companionship to the patient and his/her family during the remaining days of the patient's life and to the surviving family following the patient's death. Volunteers may also provide supportive services to the hospice staff in areas such as, but not limited to assisting in the office, public relations, and other various hospice activities.

24 HOUR ON-CALL & VISIT COVERAGE:

Hospice services must be available for patient visits, as necessary, on a 24-hour on-call basis. This service must be available 7 days a week.